



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. metal				Location 1002 OSWEGO ST. UTICA		Date 11/24/86											
Facility Equipment none	Detex Clock none	Weapon No. none	Holster none	Nightstick none	Raincoat 1	Flashlight 1	Other												
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) etc. chuff			Officer—Swing Shift (Name) KOKOSZKI RICHARD			Officer—Grave Shift (Name) COATES, EUGENE										
			Shift Began 800 AM-PM Ended 400 AM-PM			Shift Began 4 AM-PM ended 12 AM-PM			Shift Began 12 AM-PM Ended 8 AM-PM										
Observations or actions taken			Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation								
Rounds or stations missed				✓	SEE REMARKS		✓			✓	SEE REMARKS								
Unlocked doors, gates or windows				✓			✓			✓									
Unlocked vaults or safes				✓			✓			✓									
Fire-smoke-or hazards				✓			✓			✓									
1. Extinguishers missing or defective				✓			✓			✓									
2. Sprinkler system defective				✓			✓			✓									
3. Fire doors or exits blocked				✓			✓			✓									
4. Rubbish accumulation				✓			✓			✓									
5. Motors running				✓			✓			✓									
6. Lights left burning				✓			✓			✓									
Injury hazards				✓			✓			✓									
Visitors			✓		SEE REMARKS		✓			✓									
Trespassing				✓			✓			✓									
Violation of company rules				✓			✓			✓									
Remarks VISUAL CK. - PERIMETER OF BLDG (EC) FENCELINE ELECTRIC CAME IN THIS MORNING AT 0830 AND LEFT AT 1000. VISUAL CHECK MADE OF PERIMETER OF FENCELINE. (PC) VISUAL CHECK MADE OF PERIMETER OF BLDG. EVERY HR. (RK)																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?		Day Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
2. Did you suffer any illness?		Day Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
3. Have you reported all accidents coming to your attention?		Day Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Swing Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>		Grave Shift 1. Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		2. Yes <input type="radio"/> No <input type="radio"/>		3. Yes <input type="radio"/> No <input type="radio"/>	
Signatures		1. Phil Chuff						Swing Shift 1. Dick Kokoszki						Grave Shift 1. Eugene R Coates					
Signatures		2.						2.						2.					
Signatures		3.						3.						3.					

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